

ANNUAL STATEMENT

For the Year Ending December 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

QCA Health Plan, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	95448	Employer's ID Number	71-0794605
	(Current Period)	(Prior Period)				
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	Arkansas		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ]		Property/Casualty[ ]		Hospital, Medical & Dental Service or Indemnity[ ]	
	Dental Service Corporation[ ]		Vision Service Corporation[ ]		Health Maintenance Organization[X]	
	Other[ ]		Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]			
Incorporated/Organized	04/08/1996		Commenced Business	07/31/1996		
Statutory Home Office	12615 Chenal Parkway, Suite 300		Little Rock, AR, 72211			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	12615 Chenal Parkway, Suite 300		Little Rock, AR, 72211			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
	Little Rock, AR, 72211		(501)228-7111			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	12615 Chenal Parkway, Suite 300		Little Rock, AR, 72211			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	12615 Chenal Parkway, Suite 300		Little Rock, AR, 72211			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
	Little Rock, AR, 72211		(501)228-7111			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.qualchoice.com					
Statutory Statement Contact	Randall Crow		(501)219-5109			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	randall.crow@qualchoice.com		(501)228-0135			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title
Michael Edward Stock	President
Randall Alvin Crow	Treasurer
Jennifer Gayle Smith	Secretary #

OTHERS

Joni Self Daniels, Vice President-Operations

Betty Jo Tatum-Himes, Vice President - Sales & Marketing

Richard Parker Armstrong M.D., Vice President - Medical Affairs

Jon Foose, Vice President - Underwriting

DIRECTORS OR TRUSTEES

James Knox Hendren PhD

Joseph Patrick Searcy

Charles W. Smith M.D.

Joseph Maurice Elser M.D.

John P Schaefer

Buford Joseph Suffridge DDS, MS,PA

James Arden Tanner M.D.

Barbara Garner Williams RN, PhD

Raymond William Montgomery II

Michael Edward Stock

State of Arkansas

County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Michael Edward Stock	Randall Alvin Crow	Jennifer Gayle Smith
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
day of , 2014	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

**DIRECTORS OR TRUSTEES (continued)**

Mark J. McGinnis

Anthony Johnson

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Group Subscribers:						
Federal Employees .....	159,181					159,181
City of Pine Bluff .....	283,612					283,612
JM Bozeman .....	70,614	51,214				121,828
0299997 Subtotal - Group Subscribers: .....	513,407	51,214				564,621
0299998 Premiums due and unpaid not individually listed .....	406,898					406,898
0299999 Total group .....	920,305	51,214				971,519
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	920,305	51,214				971,519

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Catamaran Inc. ....	57,739	58,052	58,584	173,356	173,356	174,375
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	57,739	58,052	58,584	173,356	173,356	174,375
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....	57,739	58,052	58,584	173,356	173,356	174,375

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	439,140	442,797		347,731	439,140	518,805
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. TOTALS (Lines 1 through 6) .....	439,140	442,797		347,731	439,140	518,805

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	38,851	11,196	6,125	3,312	3,318	62,802
0399999 Aggregate Accounts Not Individually Listed - Covered .....	372,710	107,404	58,759	31,769	31,830	602,472
0499999 Subtotals .....	411,561	118,600	64,884	35,081	35,148	665,274
0599999 Unreported claims and other claim reserves .....						12,621,724
0799999 Total Claims Unpaid .....						13,286,998
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
QualChoice Life and Health Insurance Company, Inc. ....	75,000					75,000	
0199999 Total - Individually listed receivables .....	75,000					75,000	
0399999 Total gross amounts receivable .....	75,000					75,000	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
QualChoice of Arkansas .....		57,758	57,758	
QualChoice Life and Health Insurance Company, Inc. ....		49,161	49,161	
0199999 Total - Individually listed payables .....	X X X	106,919	106,919	
0399999 Total gross payables .....	X X X	106,919	106,919	



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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: QCA Health Plan Inc. 2. LOCATION: N/A  
BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code

NAIC Company Code 95448

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	44,640	6,627	37,537				476			
2. First Quarter .....	42,173	6,878	34,828				467			
3. Second Quarter .....	40,728	7,168	33,062				498			
4. Third Quarter .....	40,699	7,305	32,886				508			
5. Current Year .....	41,256	7,593	33,134				529			
6. Current Year Member Months .....	495,442	85,573	403,857				6,012			
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	345,510	45,843	295,216				4,451			
8. Non-Physician .....	101,303	10,441	90,018				844			
9. TOTAL .....	446,813	56,284	385,234				5,295			
10. Hospital Patient Days Incurred .....	8,927	553	8,242				132			
11. Number of Inpatient Admissions .....	2,070	160	1,887				23			
12. Health Premiums Written (b) .....	142,711,168	13,594,259	127,075,419				2,041,490			
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	142,711,168	13,594,259	127,075,419				2,041,490			
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	128,028,228	11,134,011	115,385,119				1,509,098			
18. Amount Incurred for Provision of Health Care Services .....	126,337,222	10,713,410	114,002,467				1,621,345			

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code NAIC Company Code 95448

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	44,640	6,627	37,537				476			
2. First Quarter	42,173	6,878	34,828				467			
3. Second Quarter	40,728	7,168	33,062				498			
4. Third Quarter	40,699	7,305	32,886				508			
5. Current Year	41,256	7,593	33,134				529			
6. Current Year Member Months	495,442	85,573	403,857				6,012			
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	345,510	45,843	295,216				4,451			
8. Non-Physician	101,303	10,441	90,018				844			
9. TOTAL	446,813	56,284	385,234				5,295			
10. Hospital Patient Days Incurred	8,927	553	8,242				132			
11. Number of Inpatient Admissions	2,070	160	1,887				23			
12. Health Premiums Written (b)	142,711,168	13,594,259	127,075,419				2,041,490			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	142,711,168	13,594,259	127,075,419				2,041,490			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	128,028,228	11,134,011	115,385,119				1,509,098			
18. Amount Incurred for Provision of Health Care Services	126,337,222	10,713,410	114,002,467				1,621,345			

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999) .....						.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
92711 ....	35-1817054 ...	10/01/2007	HCC LIFE INS CO .....	IN .....	745,834	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					745,834	.....
2199999 Total - Accident and Health - Non-Affiliates .....					745,834	.....
2299999 Total - Accident and Health .....					745,834	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					745,834	.....
9999999 Total (Sum of 1199999 and 2299999) .....					745,834	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
92711	35-1817054	10/01/2007	HCC LIFE INS CO	IN	SSL/L/G	1,020,567						
92711	35-1817054	10/01/2007	HCC LIFE INS CO	IN	SSL/L/I	118,003						
10227	13-4924125	10/01/2013	MUNICH REINS AMER INC	DE	SSL/L/G	258,222						
10227	13-4924125	10/01/2013	MUNICH REINS AMER INC	DE	SSL/L/I	50,320						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						1,447,112						
1099999 Total - General Account - Authorized - Non-Affiliates						1,447,112						
1199999 Total - General Account Authorized						1,447,112						
3499999 Total - General Account - Authorized, Unauthorized and Certified						1,447,112						
5699999 Total - Separate Accounts - Unauthorized												
6699999 Total - Separate Accounts - Certified - Non-Affiliates												
6799999 Total - Separate Accounts - Certified												
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified												
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						1,447,112						
9999999 Total (Sum of 3499999 and 6899999)						1,447,112						

34	Schedule S - Part 4 .....	NONE
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35	Schedule S - Part 5 .....	NONE
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SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums .....	1,447	1,696	2,890	3,180	2,519
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	746	119	142	734	295
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....			X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....			X X X	X X X	X X X
18. Funds deposited by and withheld from (F) .....			X X X	X X X	X X X
19. Letters of credit (L) .....			X X X	X X X	X X X
20. Trust agreements (T) .....			X X X	X X X	X X X
21. Other (O) .....			X X X	X X X	X X X

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	28,428,453		28,428,453
2. Accident and health premiums due and unpaid (Line 15) .....	971,519		971,519
3. Amounts recoverable from reinsurers (Line 16.1) .....	745,834		745,834
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	806,917		806,917
6. TOTAL Assets (Line 28) .....	30,952,723		30,952,723
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	13,286,998		13,286,998
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	2,252,565		2,252,565
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	2,592,569		2,592,569
15. TOTAL Liabilities (Line 24) .....	18,132,132		18,132,132
16. TOTAL Capital and Surplus (Line 33) .....	12,820,591	X X X	12,820,591
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	30,952,723		30,952,723
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1  Life (Group and Individual)	2  Annuities (Group and Individual)	3  Disability Income (Group and Individual)	4  Long-Term Care (Group and Individual)	5  Deposit-Type Contracts
						6  Totals
1.	Alabama (AL) .....					
2.	Alaska (AK) .....					
3.	Arizona (AZ) .....					
4.	Arkansas (AR) .....					
5.	California (CA) .....					
6.	Colorado (CO) .....					
7.	Connecticut (CT) .....					
8.	Delaware (DE) .....					
9.	District of Columbia (DC) .....					
10.	Florida (FL) .....					
11.	Georgia (GA) .....					
12.	Hawaii (HI) .....					
13.	Idaho (ID) .....					
14.	Illinois (IL) .....					
15.	Indiana (IN) .....					
16.	Iowa (IA) .....					
17.	Kansas (KS) .....					
18.	Kentucky (KY) .....					
19.	Louisiana (LA) .....					
20.	Maine (ME) .....					
21.	Maryland (MD) .....					
22.	Massachusetts (MA) .....					
23.	Michigan (MI) .....					
24.	Minnesota (MN) .....					
25.	Mississippi (MS) .....					
26.	Missouri (MO) .....					
27.	Montana (MT) .....					
28.	Nebraska (NE) .....					
29.	Nevada (NV) .....					
30.	New Hampshire (NH) .....					
31.	New Jersey (NJ) .....					
32.	New Mexico (NM) .....					
33.	New York (NY) .....					
34.	North Carolina (NC) .....					
35.	North Dakota (ND) .....					
36.	Ohio (OH) .....					
37.	Oklahoma (OK) .....					
38.	Oregon (OR) .....					
39.	Pennsylvania (PA) .....					
40.	Rhode Island (RI) .....					
41.	South Carolina (SC) .....					
42.	South Dakota (SD) .....					
43.	Tennessee (TN) .....					
44.	Texas (TX) .....					
45.	Utah (UT) .....					
46.	Vermont (VT) .....					
47.	Virginia (VA) .....					
48.	Washington (WA) .....					
49.	West Virginia (WV) .....					
50.	Wisconsin (WI) .....					
51.	Wyoming (WY) .....					
52.	American Samoa (AS) .....					
53.	Guam (GU) .....					
54.	Puerto Rico (PR) .....					
55.	U.S. Virgin Islands (VI) .....					
56.	Northern Mariana Islands (MP) .....					
57.	Canada (CAN) .....					
58.	Aggregate other alien (OT) .....					
59.	TOTALS .....					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000												

NONE

Asterisk	
0000001	

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95448 ..	.. 71-0794605 ..	QCA HEALTH PLAN INC .....	.....	.....	.....	.....	.. (18,791,017)	.....	.....	.....	.. (18,791,017)	.....
.....	.. 71-0752544 ..	QualChoice of Arkansas .....	.....	.....	.....	.....	... 18,791,017	.....	.....	.....	... 18,791,017	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
  - 2. Will an actuarial opinion be filed by March 1? Yes
  - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
  - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes

- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
  - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
  - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
  - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
  - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
  - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
  - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? Yes
  - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
  - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
  - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
  - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
  - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
  - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
  - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
  - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes

- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanations:

- 11. The company has none
- 12. The company has none
- 13. The company has none
- 14. The company has none
- 17. The company has none
- 21. The company has none
- 22. The company has none
- 23. The company has none
- 24. 0
- 25. 0

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

9544820133600000 2013 Document Code: 360

Health Life Supplement

9544820132050000 2013 Document Code: 205

Health Property / Casualty Supplement

9544820132070000 2013 Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies

9544820133710000 2013 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

9544820133700000 2013 Document Code: 370

Medicare Part D Coverage Supplement

9544820133650000 2013 Document Code: 365

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Approval for Relief related to five-year rotation for lead Audit Partner



95448201322400000

2013

Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



95448201322500000

2013

Document Code: 225

Approval for Relief related to Require. for Audit Committees



95448201322600000

2013

Document Code: 226

LTC Supplemental Interrogatorries



95448201330600000

2013

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95448201321100000

2013

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95448201321300000

2013

Document Code: 213

Management's Report of Internal Control over Financial Reporting



95448201322300000

2013

Document Code: 223

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	Recruitment & Relocation .....	.....	.....	..... 96,091	.....	..... 96,091
2505.	Education & Seminars .....	.....	.....	..... 40,139	.....	..... 40,139
2506.	AM Best .....	.....	.....	..... 38,800	.....	..... 38,800
2507.	Misc Exp .....	.....	.....	.....	.....	.....
2597.	Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	.....	.....	..... 175,030	.....	..... 175,030



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